New Mexico Department of Health (NMDOH)
Public Health Division (PHD)
Hepatitis and Harm Reduction Program (HHRP)

Overdose Prevention and Education (OPE) Protocol

Background

The primary cause of death due to an opioid overdose is respiratory depression and arrest. Naloxone is a specific opioid antagonist medication which can rapidly reverse the effects of opioids including but not limited to heroin, oxycontin, oxycodone, morphine, codeine, methadone, fentanyl, and meperidine. Naloxone may be effective in reversing an opioid overdose if administered within three to four minutes after the person who has overdosed has stopped breathing. Distribution of naloxone and education on proper administration are important tools to prevent an opioid/heroin overdose death.

This Protocol of the Hepatitis and Harm Reduction Program (HHRP) addresses Overdose Prevention and Education (OPE) within Public Health Offices (PHO), outreach venues and other sites to be delivered directly by Public Health Division (PHD) employees and contractual workers. For entities and partners outside of PHD including organizations receiving contractual funds from HHRP, a separate guidance for Overdose Prevention and Education (OPE) has been developed by the HHRP.

Service Population

When there is an opioid overdose, naloxone must be administered by another person who is present. Therefore, the service population for OPE includes two groups:

1) Any individual who uses an opioid, regardless of how the opioid was obtained or used, and
2) Any individual who may be in proximity to persons who use opioids.

Both of these populations are described as "participants" in this protocol if they are served by OPE and provided with training. This protocol sets out the requirements for the education and provision of naloxone to participants.

These two service populations are the focus to increase the likelihood of naloxone and a person trained to administer it are present in the circumstance of an opioid overdose. The training encourages individuals who use opioids to make others aware of the presence of naloxone and proper use. This helps to ensure greater community access to naloxone in the efforts to decrease opiate overdose mortality rates statewide.

Methodology

OPE teaches strategies for reducing the likelihood of an overdose, the importance of providing rescue breathing, the importance of quickly contacting professional medical assistance, and the appropriate use and administration of intranasal naloxone. The OPE curriculum approved by the HHRP must be utilized for educating participants and providing OPE services. Trained participants will be provided with a minimum of two (2) - 2mg doses of naloxone for nasal administration.

1. **Implementation and General Provisions**

Personnel

An **OPE Program Supervisor** shall be identified in each Public Health Region. This individual shall:

1) Ensure all program participants receive OPE following the HHRP approved curriculum;
2) Ensure all reported administrations of naloxone are forwarded to the HHRP on a monthly basis using the *Naloxone Enrollment and Record of Use Form*;
3) Maintain *Naloxone Enrollment and Record of Use Form* and other program records for all program participants for a least three (3) years;
4) Ensure all distribution of naloxone, as a prescription medication, is documented in the Billing and Electronic Health Record (BEHR) system showing a patient visit and medication dispensed, per PHD protocols;
5) Assist the Regional OPE Medical Director and the HHRP with quality assurance review of all naloxone administration, as requested; and
6) Report to the HHRP any changes in schedule of operations of the OPE program;
7) Ensure all New Mexico Board of Pharmacy (NMBOP) rules and regulations are known and are followed

A **Regional OPE Medical Director** shall be identified for each Public Health Region to serve as the physician medical director as noted in NMAC 7.32.7.7.J. This may be the Regional Health Officer or another designated physician. The Regional OPE Medical Director provides clinical oversight of the program within the designated region in accordance with the requirements of the NMBOP.

The **Consulting Pharmacist** shall be the Pharmacy Director or Pharmacist in Charge for the PHD Pharmacy. The Consulting Pharmacist provides oversight and maintains the ordering, inventory, and shipping of supplies and medications, including naloxone, to PHOs and the programs it supports.

A **Drug Room Nurse,** or other appropriately licensed individual, is designated in each PHO to be responsible for support of the Consulting Pharmacist for a Public Health Region.

Only **NMDOH personnel** who have successfully completed the following trainings and have current and valid certifications may provide the educational components of OPE to participants:

1) NMDOH HIPAA courses;
2) Bloodborne Pathogen Training; and
3) Harm Reduction Specialist Certification.

Dispensing of naloxone under this protocol can only be provided by individuals who are licensed clinicians, as well as nurses operating under an approved Standing Order for their respective Public Health Region.

Opioid Antagonist Selection
The OPE program shall use naloxone as the opioid antagonist. The administration device to be used is the 2 mg/2ml prefilled dose along with a mucosal atomizer device (MAD) for intranasal delivery.

Program Oversight
The HHRP is responsible for monitoring, reviewing, certifying, and ensuring the quality of the training and services being provided by any NMDOH locations and staff providing OPE programs, as well as external partners operating under the separate OPE guidelines.

Staff providing direct services are responsible for maintaining their certifications; reading regulations, protocols, and guidelines when updated and as needed; and, adhering to program requirements, protocols, and guidelines.

2. Program Operation

Overdose Prevention Training Program Location
All local PHO and outreaches conducted by PHO staff can be qualified as an OPE program location by complying with the provisions as listed above and by registration with the Hepatitis and Harm Reduction Program as an OPE.

Medication Storage and Control
Medication storage and control shall be in accordance with manufacturer's recommendations, the NMBOP rules and regulations, and the Federal Food and Drug Administration (FDA) rules and regulations.

3. Required Documentation

The OPE program at each location shall maintain a record keeping system available for audit. It shall include the following information:

1) Participant Enrollment Materials:
   a) Notice of Privacy Practices – Acknowledgement Form;
   b) Annual income worksheet;
   c) New Patient Information and Medical Record - input directly into BEHR or use the BEHR down form for later input (this cannot be scanned into BEHR); and
   d) Copies of the *Naloxone Enrollment and Record of Use Form* for every participant and dispensing visit.
2) Copies of any Naloxone Administration usage reports in the location, including on outreaches;
3) Naloxone medication and MAD supply orders; and,
4) Pharmacy maintenance logs of naloxone.

All original *Naloxone Enrollment and Record of Use Forms* must be sent to the HHRP by the 10th day of every month following the month of service. A copy must be kept securely at the location.

All naloxone and MAD supply order forms (see appendices) must be approved by the HHRP. Approved orders should be sent to the PHD Pharmacy Warehouse. Approved orders will be filled and shipped with the location's monthly pharmacy order.

Overdose Prevention and Education Curriculum

OPE participants must be trained only by individuals who have completed training and are certified as Harm Reduction Certified Specialists. The HHRP has an approved curriculum, titled "Overdose Prevention in 20 Minutes or Less" (see appendices), which must be used whenever OPE services are provided. This curriculum is periodically reviewed to ensure best practices are being utilized. The curriculum includes an overview of the following:

1) What causes an overdose;
2) How to recognize an overdose;
3) What to do if an overdose occurs;
4) Emergency Medical Services (EMS) notification;
5) Rescue breathing;
6) Naloxone administration; and
7) Overdose myths.

The Naloxone Administration section must include:

1) Discussion of the:
   a) Indications;
   b) Contraindications;
   c) Potential adverse reactions; and,
   d) Administration of the medication.
2) A discussion of logistic considerations, such as:
   a) Storage in a relatively stable environment;
   b) Avoiding direct sunlight or heat; and,
   c) Avoiding excessive cold or freezing.
3) Information regarding the expiration date of the medication;
4) Instructions to dispose of the medication and obtain a new supply before the naloxone expires;
5) Return to the location to obtain more naloxone:
   a) If the naloxone is used; and
   b) If more is needed for any reason.

4. Naloxone Prescription and Dispensing

Naloxone is a prescription medication on the PHD Pharmacy dispensing formulary. NMDOH personnel with prescriptive authority as defined by the NMBOP (e.g., Physicians, Nurse Practitioners, Physician Assistants) are authorized to prescribe naloxone to participants in the context of the OPE program. Naloxone may be dispensed to any participant.

All dispensing of naloxone, as a prescription medication, must be documented in the BEHR system showing a patient visit and medication dispensed, per PHD protocols.

These records must include the minimum elements of a medical record for a clinic visit and dispensing of medication.

1) Participant name;
2) Date of birth;
3) Participant height and weight (may be self-reported);
4) Allergies (or no known allergies);
5) The medical indication and diagnosis for the prescription of naloxone; and
6) Documentation showing the participant has been informed and understands the indications, contraindications, potential adverse reactions, and proper administration of naloxone.

BEHR charge entries regarding the dispensing of naloxone will use an appropriate diagnosis code as an indication for the dispensing of naloxone. Staff may use the "Encounter for medication counseling" ICD9 code V65.49 (or the ICD10 code equivalent when released).

NMBOP requires that a naloxone prescription specify:

1) The name of the individual to whom the medication is prescribed;
2) The date of birth of the individual to whom the medication is prescribed;
3) The name of the clinician with the authority to prescribe the medication; and
4) An entry into the medical record that defines the prescribing event and the medical indications for the prescription.

To optimize the use of clinician and nurse time, while the clinician or nurse may provide the OPE program education and training curriculum, anyone who is a Harm Reduction Certified Specialist may provide the OPE education. However, only individuals who have authority to dispense medications may physically provide naloxone to participants. All dispensing steps must be completed by the individual with licensed authority to do so.

The process for naloxone being dispensed to participants includes:

1) The participant must be educated by the presentation of the entire approved OPE curriculum from the HHRP by any Harm Reduction Certified Specialist;
2) A *Naloxone Enrollment and Record of Use Form* must be completed for the participant;
3) Document the participant medical and dispensing visit in BEHR. Should BEHR be unavailable at the time of the provision of service (e.g., power outage, outreach) or the staff person does not have BEHR access, then staff must use the BEHR-down processes – see http://intranet/PHD/behr.html and http://intranet/PHD/clinicalForms.html. Staff must record the encounter in BEHR as soon as possible and per PHD protocols for documentation of clinical services. Paper forms must be handled as per the BEHR-down process and protocol;
4) An individual with dispensing authority (a clinician or nurse operating under the standing order) will provide:
    a) Two (2) pre-filled syringes of naloxone for intranasal use (2mg in 2ml); each box must be labeled with a NMDOH PHD Pharmacy label indicating:
        i) Name of the patient;
        ii) Name of the prescriber;

iii) Date of dispensing;
iv) Directions for use;
v) Name, strength and quantity of the drug;
vi) Expiration date;
vii) Name, address and phone number of the clinic; and
viii) Prescription number if applicable.

b) Two (2) Mucosal Atomization Device (MAD); and
c) Complete the Pharmacy log dispensing log for medications dispensed.

5) Two (2) additional doses of naloxone and two (2) MADs may be provided if the prescription order in the patient's medical records supports the quantity dispensed. The prescriber or agent of the prescriber must document the additional supply in the patient's medical record. Such orders shall depend on the conditions indicated by the participant, including:
   i) Lengthy travel to reach the program location;
   ii) Limited hours of availability of the program location; and
   iii) Potential to use multiple doses prior to ability to return to the program location.
6) The participant must also be issued a *Naloxone Enrollment Card* showing they have completed the OPE training course.
7) It is preferable for participants to receive naloxone when they first receive training. When this is not feasible, such as in a detention center, a *Naloxone Enrollment Card* must still be issued. A refresher training of the curriculum should be offered at the location where naloxone is dispensed at the later date

ATTACHMENTS

Appendix A: Standing Order
Appendix B: Naloxone Enrollment and Record of Use Form
Appendix C: Naloxone Order Form
Appendix D: Approved Curriculum: "Overdose Prevention in 20 Minutes or Less"
Appendix E: Naloxone Enrollment Card

Attachment A: PHD Clinical Protocol Approval Sheet
Attachment B: Acknowledgement and Receipt of New/Revised Protocol

Appendix A: Standing Order

NALOXONE STANDING ORDER

Purpose: To help decrease mortality related to opioid overdose Public Health Offices, where Overdose Prevention and Education (OPE) services are provided, should be able to dispense naloxone even if a physician is not available.

Policy: Under this standing order, nursing staff in the Public Health Regions may dispense naloxone to OPE clients. A client is an individual who is enrolled in the OPE program, which includes formal training in naloxone use from a Harm Reduction Certified Specialist.

Procedure

1) Public Health Division provides a prefilled syringe of naloxone (2mg in 2ml) and Mucosal Atomization Devices (MAD) for distribution to OPE clients.

2) Eligible clients include:
   a) Any individual who uses an opioid, regardless of how the opioid was obtained or used, and
   b) Any individual who may be in proximity to persons who use opioids.

3) All program participants who receive naloxone from the Public Health Division must be trained in overdose prevention and use of naloxone. The client must either possess an HHRP *Naloxone Enrollment Card* or there must be a record in BEHR of prior client enrollment and dispensing.

4) Screen all clients for contraindications and precautions and advise clients of potential contraindications.
   a) Contraindications
      i) hypersensitivity or allergy to naloxone.
   b) Precautions
      i) Use in individuals who are currently using opioids may precipitate temporary withdraw symptoms.

5) All clients should be provided with a copy of the drug information sheet located at *http://intranet/PHD/PharmacyDIS.html*

6) When dispensing naloxone at initial enrollment each client will be dispensed two (2) prefilled syringes of naloxone (2mg in 2ml) for intranasal use and two (2) Mucosal Atomization Devices (MAD). Two (2) additional prefill-syringe of naloxone and 2 (2) MADs may be provided if the client indicates one of the following
   a) Lengthy travel to reach the program location;
   b) Limited hours of the program location; or
   c) Potential to use multiple doses prior to ability to return to the program location.

7) If the patient is requesting a refill, document a new order for naloxone in the patient's medical record. If there are no new medical contraindications or prior problems with use of naloxone, and the client requests additional doses, dispense two (2) prefilled syringes of naloxone (2mg in 2ml) for intranasal use and a corresponding number of

MADs. Two (2) additional prefilled syringes of naloxone and 2 (2) MADs may be provided if the client indicates one of the following
   a) Lengthy travel to reach the program location;
   b) Limited hours of the program location; or
   c) Potential to use multiple doses prior to ability to return to the program location.

8) If providing more than four (4) doses of naloxone in a single visit, at enrollment or when a client returns for additional doses, approval must be obtained from the Regional Health Officer (RHO).

9) When dispensing naloxone use the BEHR Harm Reduction (HR)/Naloxone template, this includes:
   a) If one or more doses of naloxone have been previously dispensed to the client, and if so, the status of the medication (e.g., expired, lost, administered).
   b) If one or more doses have been administered by or to the client, document this in the BEHR note and complete a *Naloxone Enrollment and Record of Use Form* with the client. These forms are mailed to the HHRP in Santa Fe on a monthly basis.
   c) Document any problems with administration (e.g., allergic reaction, pulmonary edema).
      i) If problems with administration are reported by the client note in medical record and report to the Hepatitis and Harm Reduction Program.

10) If BEHR is not available (e.g., during an outreach) use the BEHR-down processes – see http://intranet/PHD/behr.html and http://intranet/PHD/clinicalForms.html.

11) Use DOH pharmacy sign-out procedures (i.e., each box must be properly labeled under NMBOP regulations).

PLEASE see the NMDOH Harm Reduction Protocol at http://intranet/PHD/clinical_protocols.html for further recommendations and requirements regarding medication administration including enrollment procedures.

For any issues not covered by this order, please contact the Regional Health Officer or other designated prescribing clinician for further guidance.

Place this standing order with your Harm Reduction AND your Standing Orders Notebook.
This standing order shall remain in effect for all patients of the New Mexico Department of Health until rescinded.

Regional Health Officer:

Signature: _____ Date: _____

PHD Medical Director:

Signature: Maggi Date: 10/22/14

Appendix B: Naloxone Enrollment and Record of Use Form

Today's Date __/__/__

Naloxone Enrollment and Record of Use

Check one: ☐ Enrollment - Education Only ☐ Enrollment - Naloxone Only ☐ Enrollment - Education and Naloxone ☐ Record of Use Naloxone Dispensed ☐ Record of Use Naloxone Not Dispensed

NEW MEXICO DEPARTMENT OF HEALTH

Personal Information ("Declined" means "Declined to answer" throughout this form)

Naloxone Code: ___ (1 2 2 3 3 3 3 3 3)

(1) First letter of legal first name: __

(2) First 2 letters of last name: ___

(3) Full Date of Birth: *(mm/dd/yy)* __/__/__

Medical Record Number (optional): _____

Gender Assigned at Birth: ☐Male ☐Female ☐Declined

Current Gender Identity: ☐Male ☐Female ☐Transgender MTF ☐Transgender FTM ☐Declined ☐Other____

County of Residence: ____

Zip Code: ____

Do you consider yourself Hispanic/Latino? ☐Yes ☐No ☐Declined

Do you consider yourself? *(Please check all that apply)* ☐ Black ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ White ☐ Unknown ☐Declined ☐ Other____

Agency Information

Agency: _____ *(Agency or Public Health Office)* Interviewer/Trainer _____ *(Please print name clearly - first and last name on both)* Prescriber: _____

Enrollment *(first time enrollment)*

How did you hear about the program? ☐ Syringe Services Program (SSP) ☐ Medical Provider ☐ 911/EMS ☐Friend/acquaintance/family member not enrolled in SSP ☐Friend/acquaintance/family member enrolled in SSP ☐ Law Enforcement ☐Declined ☐ Other _____

Amount of naloxone initially dispensed: ____ *x 2.0 mg pre-filled medication vials*

Record of Use and or Refill *(only complete this section if it is a Record of Naloxone Use and or a Refill)*

Was the naloxone administered to a person? ☐ Yes ☐ No ☐Declined

If Yes, to whom was the naloxone administered? ☐ Patient ☐Adult family member ☐Family member under age 18 ☐Friend/acquaintance ☐Stranger ☐ Unknown ☐Declined ☐Other _____

Date of naloxone use: _____ *(Approximate date is ok)* ☐Cannot remember ☐Declined

Amount of naloxone used: _____ *x 2.0 mg dose*

If known, checkmark any of the following substances used by the person who overdosed at the time of the overdose? *(Check all that apply):* ☐Alcohol ☐Benzodiazepines ☐ Cannabis/Marijuana ☐Cocaine ☐ Heroin ☐ Methadone ☐Methamphetamine/Speed ☐Prescription painkillers ____ ☐Unknown ☐Declined ☐Other____

What was the clinical disposition of the episode? *(Check all that apply):* ☐Person OK ☐911/EMS ☐Emergency Room ☐Hospitalization ☐Deceased ☐Unknown ☐Declined

If 911/EMS was not called, what was the reason? ☐Felt competent to help on own ☐Fear of arrest ☐Response slow due to distance – approximate distance from EMS/help (in miles): _____ ☐Declined

Other reason: _____

Was Rescue Breathing used? ☐Yes ☐No ☐Unknown

If No, what happened to the naloxone? ☐Lost ☐Stolen ☐Expired ☐Confiscated by Law Enforcement ☐Declined ☐Other____

Amount of naloxone dispensed at the time of this Record of Use: _____*x2.0 mg pre-filled medication vials*

Forms must be submitted by the 10th of the following month to the NMDOH Harm Reduction Program – 1190 St. Francis Dr. - Suite S-1150, Santa Fe, NM 87502 Phone: 505-827-2363

Please do not fax or email!

Rev: JM/pk 9-15-14

Appendix C: Naloxone Order Form

NEW MEXICO DEPARTMENT OF HEALTH
Hepatitis and Harm Reduction Program
1190 St. Francis Drive, South 1151
Santa Fe, NM 87502
http://nmhealth.org/about/phd/idb/hrp/

Naloxone Inventory and Order Form

PLEASE COMPLETE and submit your ORDER ELECTRONICALLY

SECTION 1 (must be complete)

Clinic or PHO Name	
Shipping Address	
Telephone Number	
Fax Number	
Requested By	
Title	
Date Requested	

SECTION 2 (must be complete)

ITEM	Qty in Stock	Order Qty	Qty Approved by HHRP
Naloxone 2mg/2ml Inj			
Atomizers			

SECTION 3

Please email completed form to the HHRP at:		
Joshua.Swatek@state.nm.us	and	Dominick.Zurlo@state.nm.us
Contractors: email this order on or before the 10th day of the month. Public Health Offices: order according to the usual Pharmacy order schedule; however, please send it to the above listed email addresses for approval.		

For Pharmacy Use Only:			
Quantity Shipped		Expiration Date:	Initials of person who filled order
Naloxone			
Atomizers			

Rev: GG/CLM/DW2/JS 07-23-14

Overdose Prevention and Rescue Breathing in 20 minutes or less

A. What causes an overdose (OD)?
B. How to recognize an OD?
C. What to do if an OD occurs?
D. Rescue Breathing
E. Naloxone Administration
F. OD Myths

A. What causes an OD

- **Toxic amount**: too much of the substance; reduce amount and do tester shot
- **Mixing**: effects are amplified; reduce amounts, inject first if mixing with alcohol
- **Tolerance**: lowers during periods of non-use (i.e.: detox/jail/no money); reduce and do tester shot
- **Quality**: varies in strength and purity; try to use known source and do tester shot
- **Using Alone**: if something goes wrong – nobody to help; fix w/ friend, unlocked door, and call someone trusted

B. How to recognize an OD

- **Over-amp**: Stimulants (cocaine/speed) make the body speed up
- **Overdose**: Heroin and other downers (alcohol/benzos) make the body slow
  - **Signs of OD**: Unresponsive, unconscious, breathing slow/shallow (< 12 breaths/min); pale, clammy, loss of color, blue/gray (esp. lips/nails); loud/uneven snoring/gurgling; not breathing; faint/no pulse
  - **High vs OD**: "the line" = UNRESPONSIVE

C. What to do if OD occurs

- **Stimulation**: Call name, sternum rub
- **Call 911 - Good Samaritan 911 Law**: protects against citation or arrest, except if another law is being broken
  - Quiet the scene (or go to a quiet area), be calm and speak clearly, and do not argue
  - Give exact address/location, person not breathing or turning blue
  - There is no need to say: it is an overdose, give a name, or if drugs were involved
  - Tell the paramedics everything known about the situation when they arrive
- **Perform Rescue Breathing**
- **Use Naloxone**

D. Rescue Breathing

- **Stimulation and Airway**
  1. Check responsiveness. Ask, "Are you okay?", shake foot, use sternum rub
  2. Are they breathing? Look, listen and feel
  3. If no response, call 911
  4. Check for clear airway. If blocked, roll on side and use finger sweep to clear
- **Rescue Breathing**
  1. Roll onto back, tilt head back and pinch nose
  2. Give 2 regular breaths
  3. Look, listen and feel
  4. If still not breathing give 1 breath every 5 seconds
  5. Continue until person revives or help arrives
  6. Once they start breathing, put them in the recovery position

*Remember to keep breathing for them. Brain damage starts occurring 4 minutes after loss of oxygen.

- **Recovery Position**

E. Naloxone Administration

1. Remove the colored caps on the medicine vial of and the syringe barrel
2. Insert the vial into the barrel & gently turn 3 times - until it stops
3. Twist the nasal atomizer onto the tip of the syringe. It is now ready to use
4. Place the assembled Naloxone atomizer into one nostril
5. Press firmly on the base of the vial, spraying half into the nostril
6. Repeat in the other nostril

**Stay with the person as Naloxone loses effect 30-90 minutes after administration.*

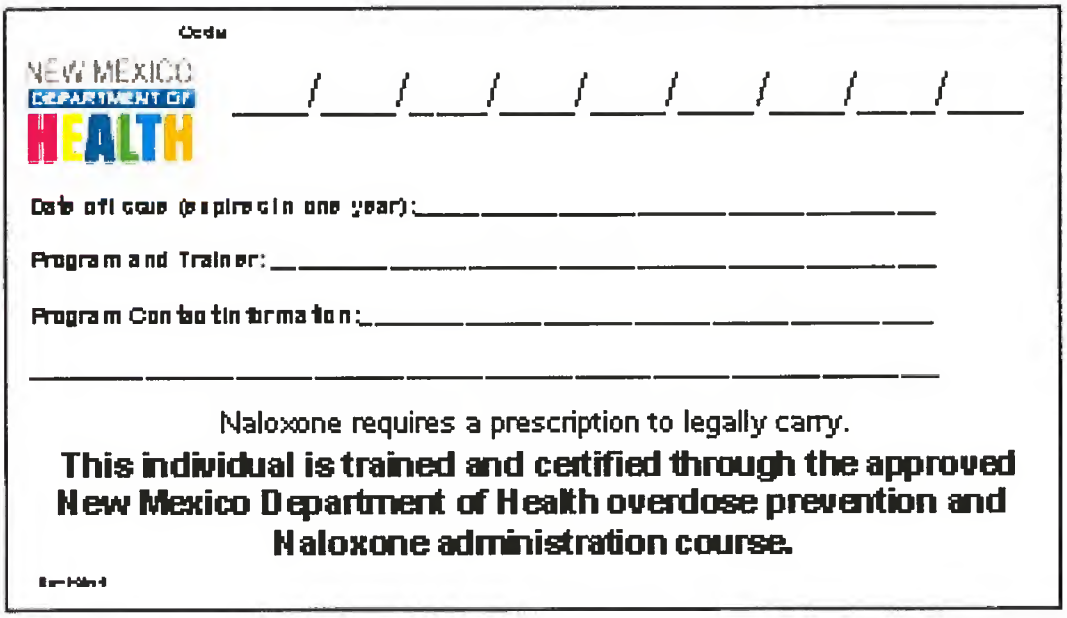
F. OD Myths

- Slap or punch: may bruise or break nose/jaw
- Put in cold water or use ice: makes the body cold, slow even more, and can lead to hypothermia
- Use a lamp cord like a home-made defibrillator: can cause electric burns, irregular heart beat, or death
- Inject with milk/saline/other substances: can cause the body to go into shock

*****How to demonstrate assembling the Naloxone if a training device is not available**

- Dispense Naloxone to participant
- Have participant attach atomizer themselves
- Show participant how the vial is assembled but do not actually remove the plastic caps or twist the vial into the barrel as this will cause the Naloxone to spoil before use

Appendix E: Naloxone Enrollment Card



Naloxone...also called Narcan

- It blocks the effects of opiates.
- It takes effect in 3-5 minutes and lasts for 30-90 minutes.
- It may cause some withdrawal symptoms.
- When naloxone wears off the person may overdose again.
- If not breathing use Rescue Breathing - 3-4 cycles of 12 breaths a minute before giving a second dose of naloxone.

1. Remove the colored caps on the medicine vial of and the syringe barrel.
2. Twist the nasal atomizer onto the tip of the syringe.
3. Insert the vial into the barrel & gently turn 3 times - until it stops.
4. Place the assembled naloxone atomizer into one nostril.
5. Press firmly on the base of the vial, spraying half into the nostril.
6. Repeat in the other nostril.

Attachment A

PUBLIC HEALTH DIVISION
CLINICAL PROTOCOL/MANUAL APPROVAL SHEET

PROGRAM: Hepatitis and Harm Reduction Program (HHRP), Infectious Disease Bureau

CLINICAL PROTOCOL/MANUAL TITLE: Overdose Prevention and Education (OPE)

Reviewed by: (Must have a signature from at least one clinical user of the Clinical Protocol.)

User Reviews:

Name: _____ Date: 10/21/14

Name: _____ Date: 10/30/14

Name: _____ Date: 11/3/14

Name: _____ Date: _____

Name: _____ Date: _____

Approved by:

Program Manager _____ Date 10/20/14

Bureau Chief _____ Date 10/20/14

IDB Medical Director _____ Date 10/20/14

PHD Medical Director _____ Date 10/22/14

Regional Health Officer _____ Date 10/30/14

PHD Chief Nurse _____ Date 10/22/14

PHD Director of Pharmacy _____ Date 10/27/14

Attachment B

PUBLIC HEALTH DIVISION
ACKNOWLEDGEMENT AND RECEIPT OF NEW/REVISED CLINICAL PROTOCOL

PROGRAM: Hepatitis and Harm Reduction Program (HHRP), Infectious Disease Bureau

CLINICAL PROTOCOL/MANUAL TITLE: Overdose Prevention and Education (OPE)

I have reviewed the document listed above and I approve it for practice in Region ____.

Regional Director	Date
Regional Health Officer	Date
Regional Director of Nursing Service	Date
Regional Director of Nursing Service	Date

I have received, reviewed and will follow this Clinical Protocol and its Standing Orders:

Staff (Clinicians, PHNs, DPSs, etc.)

Name	Date	Name	Date
Name	Date	Name	Date
Name	Date	Name	Date
Name	Date	Name	Date
Name	Date	Name	Date
Name	Date	Name	Date
Name	Date	Name	Date

Each clinician and PHN must review the document mentioned above and sign this sheet. (Use additional sheets as necessary.) The Nurse Manager will retain the signed copy(ies) of this sheet at the clinic and submit the original(s) to the Director of Nursing Services.